	<u> </u>		" FLIUA	HON FE	E DE	TERMINA	TIC	ON RECO	RD	on unless	à disp	Hays a valid O	MAB control auto	
. 5	:	Substitute for Form PTO-875 CLAIMS AS FILED - PART I									Application or Dockel Number			
.]	· .	(Column 1) (Column 2)												
	FOR BASIC FEE		NUMBER FILED		NUMBER EXTRA			SMALL ENTITY		Y	OR	SMA	HER THAI YLL ENTITI	
	(37 CFR 1.16(a)	,			·			RATE	FE	Ε		RATE		
- [TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 a		· ·			-	5	_	OR		FE	
	INDEPENDENT (37 CFR 1.16(b))	CLAIMS						x.25	-		OR	× 50	+	
			minus 3 =		:		_	x : 100).		OR	, 200		
- 1	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5180	1		OR	.360	-	
1	If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			OR		+	
1	•	CLAIMS AS	AMEND	ED – PAR	RT II						ŲR.	TOTAL	L	
\vdash		(Column	t)	(Cot	umn 2)	.(Calumn 3						•		
L	< 3	CLAIMS REMAININ		HIGH	EST	T	–	SMALL	LENTITY		OR	. OTHE	HER THAN LL ENTITY	
	Total (3) Orn (.sign) fridependent (3) Orn (.sign)	AFTER AMENOM	1 1	PREVE PAID		PRESENT EXTRA		RATE	ADDI- TIONA		Ī	RATE	ADO	
3	(3) OFR 1. SERE	1.6	Minu	30		1.	+	1.25.	FEE		L		TIONAL	
	Independent (3) OFR 1.160 (1	3	Minu			=/	\forall	1	 	_ •	R L	x <u>s 50</u> .	1	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37, CFR 1.16(d))						-	x s 100.	 	Of	2	x s 20Q		
	: (37, GFR 1.16(d))							+3 180=	<u> </u>	OF	· [.	.36		
	(Cotumn 1)							ADD'L FEE		OR		OTAL LOO'L FEE	·	
В	Glasin	nn 2) ST	(Column 3)			_		•						
AMENDMENT	5 23 6	REMAINING AFTER AMENDMEN	ſ	PREVIOU PAID F	ER JSLY	PRESENT . EXTRA		RATE	ADDI- TIONAL	7	Γ	RATE	ADDÍ	
8	का देखा एक्ट्री विदेश	35	Minus	37		- <u>F</u>	·	x : 25 .	FEE	1	Ŀ		TIONAL FEE	
É	Independent (3) CFR 1.160()	. 1.1	· Minus	- 9	-	= 2	H			OR	×	<u>550</u>	250.00	
₹	FIRST PRESENTATION OF MILITURE DEPENDENT CLAIM (37 CFR 1.16(41))						ŀ	x s 100 -	· .	OR	×	000	400.00	
		L	+ 5 180.		OR		360							
		(Cal 4)		=_				ADO'L FEE	· .	OR	TO	TAL D'L FEE	050.00	
ပ		(Column 1) CLAIMS	T -	(Column HIGHES		(Column 3)				_				
AMENDMENT (REMAINING AFTER AMENDMENT	.	PREVIOUS	R	PRESENT EXTRA		RATE	ADDI-	1		RATE	ADDI	
	Total DF OFR 1.16(ct)		Minus	PAID FO	"		-	.,25	FEE		_		TIONAL	
	independent DI OFR 1,16(b))	·:	Minus	•••			_			OR		<u>ಶ</u> ೦್ಮ		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						-	190	· · · · · ·	OR .	_	200		
				, (;		. 10(0))		3180.		, OR	٠,	360.		
•	If the entry in co	olumn 1 is less th	ian the entry	in column 2	write "	l'in column	A	DO'L FEE		OR	TOT	AL L FEE		
•••	No Highest N	irrohar Ozarda			~~ G 4	:35 D\3n 20 en	ler -	20'.						
	· · · · · · · · · · · · · · · · · · ·	mber Previously	Paid For (1	olal or Inden	endenn	to the At	: 3	•					- 1	

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application for retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application for stimulated to take 12 minutes to complete on the amount of time you require to complete applications for reburing first burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.